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U.S. A	PPLICA	TION	NO. (IF KNOWN, SEE 37 CFR	INTERNATIONAL APPLICATION NO. PCT/JP00/06995					ATTORNEY'S DOCKET NUMBER 206333US0XPCT		
24. The following fees are submitted:.									LCHLATIONS	S PTO USE ONLY	
BASI			L FEE (37 CFR 1.492 (a) (1) - (C/L	ECCE TION	J TTO OBE ONE	
□ Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO											
×	 ✓ International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO										
	☐ International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO										
	☐ International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4)										
☐ International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4)								<u> </u>			
ENTER APPROPRIATE BASIC FEE AMOUNT =									\$860.00		
month	s from th	130.0 he ear	o for furnishing the oath or declaration later than iest claimed priority date (37 CFR 1.492 (e)).					\$0.00			
CLAIMS			NUMBER FILED	NUMBER EXT	`RA	RATE					
Total claims			6 - 20 =	0		х			\$0.00		
Independent claims			1 - 3 = 0			Х			\$0.00 \$0.00		
Multiple Dependent Claims (check if applicable). TOTAL OF ABOVE CALCULATIONS							NS =		\$860.00		
Applicant claims small entity status. (See 37 CFR 1.27). The fees indicated above are									\$500.00		
reduced by 1/2.									\$0.00		
SUBTOTAL =									\$860.00		
Processing fee of \$130.00 for furnishing the English translation later than \Box 20 \Box 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).									\$0.00		
TOTAL NATIONAL FEE =									\$860.00		
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable).									\$0.00		
TOTAL FEES ENCLOSED =									\$860.00		
ľ									unt to be: refunded	\$	
#			·						charged	\$	
a.											
b.	_		case charge my Deposit Account No in the amount of to cover the above fees. duplicate copy of this sheet is enclosed.								
c.			the Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment of Deposit Account No15-0030 A duplicate copy of this sheet is enclosed.								
d.	_										
NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR											
1.137(a) or (b)) must be filed and granted to restore the application to pending status.											
SEND ALL CORRESPONDENCE TO:									Sabor		
SIGNATURE											
	Norman F. C) blon			
					NAME 24,618						
			10000000000000000000000000000000000000								
22850 24,018 REGISTRATI							ON NUMBER				
		_	Surinder				Jun	,	12 2001		
(703) 413-3000			Registration	No. 34,423	DATE			بر (- 0 FUUL		